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CONFIRMATION NO. 5467

<b>SERIAL NUMBER</b> 10/823,810	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> IL500US	
<b>APPLICANTS</b> Jennifer Lynne Reed, Clarksburg, MD;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/477,801 06/10/2003 and claims benefit of 60/462,307 04/11/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/18/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>[Signature]</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 36577					
<b>TITLE</b> Methods of preventing or treating respiratory conditions					
<b>FILING FEE RECEIVED</b> 2712	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		